

VOUCHER FOR REIMBURSEMENT



Date of request: _____

District number: 83

Position held: _____

Check payable to (full name): _____

Mailing address: _____

1. Complete this form.
2. Attach organized receipts. Tape receipts smaller than this piece of paper to a piece of plain white paper. Multiple receipts may be taped to one page. Clearly indicate which amount on the receipt is being requested for reimbursement and note the corresponding number as listed below.
3. Return to the district director (address below).
4. The district director reviews, approves, and forwards to the finance manager for payment.
5. Receipts submitted more than 60 days from the date of the expense may be considered unreimbursable.

| Line | Month of Expense | Currency | Amount | Expense Description (If travel, indicate mileage and rate used in calculation.) | Finance Manager's Use Only | | |
|------|------------------|----------|--------|--|----------------------------|----------------|--------------|
| | | | | | Account Label | Reporting Code | Event Period |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| | | | Total: | | | | |

Approvals

District director's name (print): Cyndi Wilson District director's signature: _____ Date: _____

If a single expenditure is more than \$500 or a check is payable to the district director or finance manager, the program quality director or club growth director's approval is required.

Program quality director or club growth director's name (print): _____ Program quality director or club growth director's signature: _____ P/QD or C/GD (circle one) Date: _____

Finance manager's name (print): _____ Finance manager's signature: _____ Date: _____

Check Number: _____ Check Date: _____